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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 146

Place of Birth Claypool, Ariz. County Gila No. _____ St. _____

(Registration District)

SEX OF CHILD*	Twin	and	Number in order of birth
<u>Male</u>	Triplet or other?		

DATE OF BIRTH* Oct. 15 1923
(Month) (Day) (Year)

FATHER	MOTHER
<u>Vernal Jackson Anderson</u>	<u>Jane Christine Crowther</u>

I HEREBY CERTIFY that the child described herein has been named

Norris Dee Anderson (Give name in full) Anderson (Surname)

Jane C. Anderson (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10-1-48-S.P.Co.

515-1015-139